

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0016 8896 1263

JB DOGM S/051/006 3/1/05

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

*Proposed
Assessment*

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

RUSSELL WITT - WITT EXCAVATING

Street, Apt. No.; or PO Box No.

1245 S 1200 W

City, State, ZIP+4

HEBER CITY UT 84032

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RUSSELL WITT
WITT EXCAVATING
1245 S 1200 W
HEBER CITY UT 84032

JB DOGM S/051/006 3/1/05

2. Article Number

(Transfer from service label)

7099 3400 0016 8896 1263

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/2/05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540